

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

615876

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
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45			/		/	
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47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND	3		3			
TOTAL DEP	12		21			
TOTAL CLAIMS	15		24			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			3			
TOTAL DEP.			44			
TOTAL CLAIMS			47			